

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state**For office use only**Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-323-1683	City, State, Zip Code
Area Code & Telephone No.	

2011 JUN -7 PM 2:05

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Clarrisa Beckman	
Name	
1205 Levy Road	Thurman, IA 51654
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/20/2011	\$75.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

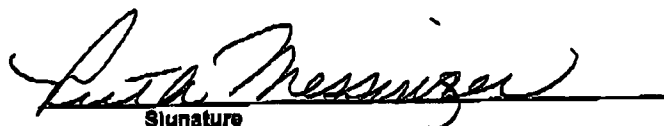
Hand drawings, framed and displayed in Campus house-for Client viewing pleasure

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


Signature

6/07/2011

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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DES MOINES, IA 50319
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Reset Form

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FORM-GB

Gift or Bequest information received
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Governor on behalf of the state

For office use only

Indexed _____
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mt. Pleasant Mental Health Institute

Name of Department or Office
1200 E. Washington St.

Mt. Pleasant, IA 52641

City, State, Zip Code

Mailing Address
319-385-9511

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen

Name

Same

Same

City, State, Zip (if different from above)

Mailing Address (if different from above)

Ron.Mullen@iowa.gov

Same

Area Code & Telephone Number (if different from above)

Email Address

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

May 2011

\$185.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

For patient/client use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Mt. Pleasant Mental Health

May-11

Date	Name	Address	Reason	Amount
5/12/2011	Ryan Slemmer	413 E. McKinley St., New London, IA 52645	VHS video	\$15.00
5/16/2011	New London Child Care Center	507 S Walnut, New London. IA 52645	Foosball table	\$150.00
5/30/2011	Annoynmous		Coat	\$20.00
Total Amount :				\$ 185.00

2011 MAY 31 PM 2:34

LAFFIN'S AND
CASH

MHI INDEPENDENCE
NON PROFIT REPORT
MAY 2011
FY 11

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNING BALANCE	\$18,729.81	
05/02/11	101781	UPF	CAPITOL VENDING	ACTIVITIES	\$0.00	\$88.28
05/04/11	101782	COUG	PARK SEED WHOLESAL	GARDEN SUPPLIES	\$0.00	\$59.46
05/08/11	101783	UPF	MICHELLE LUDWIG	HAIRCUTS FOR PATIENTS	\$0.00	\$72.00
05/10/11	101784	SFV	NEJEWISH BIBBS	SOCIAL PARTY	\$0.00	\$20.00
05/19/11	101785	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$20.00
05/26/11	101786	SFV	WAL MART COMMUNITY	EASTER PARTY	\$0.00	\$37.03
					\$0.00	\$276.74
TOTAL						\$18,453.17

2011 JUN -9 AM 9:51
 CAMPAIGN DISCLOSURE

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region _____ County Buchanan

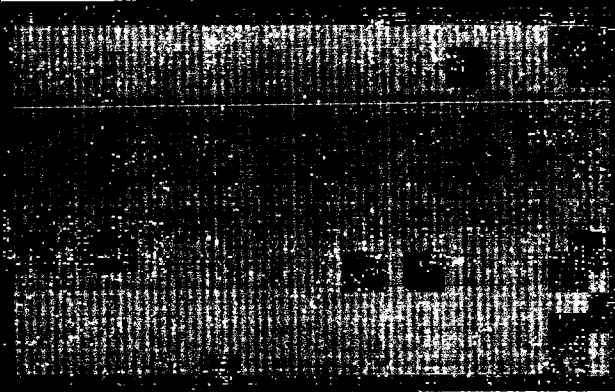
May 2011
Month/Year

Name of person completing report Linda Evers Title Accounting Clerk II

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose – If Specified
				Cash	In-Kind	
5/5/11	American Legion Aux. Manly, Iowa	Various Items, i.e. Notepads, coloring books, markers etc.	\$119.15		X	Patients Use
5/31/2011	See itemized sheet for Cash listings.			119.15		

Total value of this page: \$18572.32__

Total value of pages 1 thru 2: \$1525.00

Monthly Volunteer Report for:	Independence Mental Health Institute, Independence, Iowa 50644					
For month of:	May	use this from for monthly reporting				
	2011	submit report monthly (by end of following month)				
1. # of Individuals registered as DHS Volunteers	70	to Iowa Ethics and Campaign Disclosure Board				
2. # of Groups registered as DHS Volunteer Groups	7	Fax number 515-281-4073				
	3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	0	0	151			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	1	27	1244			
c. Individuals in Groups Direct Service to clients/residents	0	0	525			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	314			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	44	1168			
TOTAL	14	71	3402	33	1	27

* new federal reporting requirement

Report completed by: Diane Wessels

Created 6/9/2011